



Maine Department of Health and Human Services

Office of MaineCare Services

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Void Functionality in MeCMS

In the next few months, the Office of MaineCare Services (OMS) will introduce the functionality for providers to submit void claims into the MaineCare Claims Management System (MeCMS). This initiative will allow providers to void claims billed in error and re-submit incorrectly paid claims as a work-around for adjustments.

This letter outlines the implementation process for the new functionality. In addition, it provides you with important guidance so that your voided and re-billed claims can be processed accurately and efficiently.

In order to protect your cash flow, it is extremely important that you **NOT** submit any voided claims until you have **received official billing instructions** and **official notification of the date(s) when voids can be submitted**. This notification is scheduled for later this month. In addition, it is highly recommended that staff attend one of the void functionality Training Sessions that are scheduled for early October. (Please refer to Appendix I: Provider Training Schedule.) The target audience for these sessions is: Chief Financial Officers, Patient Account Managers and Billing Specialists.

Please note that the void functionality will not address all MeCMS claims payment issues. Examples of issues that will not be resolved with voids include inaccurate co-pays and certain limit problems. For this reason, there are some claims that **should NOT** be voided and re-billed when the void functionality is implemented in October. A general rule of thumb is that if your claims are paying correctly now, then a void of a previous incorrectly paid claim followed by a re-bill should result in a proper payment.

For hospitals that have outstanding balances as determined by CDR Associates and Public Consulting Group, a plan is being developed to process pending claim voids from Credit Balance Audits and the Medicare and Tri-Care Provider Billing Projects. Hospitals will be contacted by State staff before any voids relative to these projects are initiated. Specific questions should be directed to the Third Party Liability Division, OMS at (207) 287-1801 or toll free at 1 (800) 472-3839.

Please be advised that The Maine Breast and Cervical Health Program (MBCHP) will not process voids or adjustments for claims with dates of service prior to July 1, 2006. If you have any further questions regarding the MBCHP, please call 1 (800) 350-5180

Voids that are in MeCMS today (system-initiated voids or voids submitted previously by providers but not reported on a remittance advice) will automatically process upon the implementation of the void functionality. Please review your on-going Remittance Advices to monitor the disposition of these voided claims.

Billing instructions are located at http://www.maine.gov/bms/providerfiles/provider_billing_manuals.htm. This includes instructions for all paper claim forms. Information for Electronic Media Claims (EMC) submissions is located at http://www.maine.gov/bms/provider/emc/emc_downloads.html. More specific EMC formatting instructions are included in Appendix II. An explanation of the Electronic Remittance Advice (835) is also included. Detailed billing information will be made available to providers in late September. Information will also be available at our website http://www.maine.gov/bms/member/innerthird/mecms_home_page.htm in early October.

The following guidelines address the re-submission of claims (re-bills):

1. Since each MaineCare provider has different reasons for submitting voids and re-bills, we recommend that providers initially submit a small volume of voids. This will help providers understand how to submit the voids and re-bills and how the results are reflected on the RA's. In addition, a gradual implementation will reduce the potential for creating cash-flow problems.
2. Voiding a claim that was processed at the wrong rate, other than a \$0.00 paid claim, will result in fund recoupment for that claim amount. Since re-bills cannot be submitted until an RA is received, there may be a two- to three-week cycle before these re-billed claims are processed for reimbursement. In addition, due to newly activated system edits, there is no guarantee that these re-bills will result in a payment, since re-billed claims are subject to the same adjudication rules as regular claim submissions.
3. Please do not submit a re-bill until the voided claims appears on your Remittance Advice (RA). A re-bill submitted before a paid claim is voided will be denied as a duplicate submission.
4. If you have an interim payment balance, re-billed claims will be subject to the Interim Payment Recapture Claims Hold. Any claims offsets for your account will also be applied.
5. Shortly after the void functionality is implemented, the system will be updated to bypass timely filing logic for claims re-billed after voids. The system change will also make it possible to process these claims without the additional attachments or processing that is usually associated with claims subject to the timely filing requirements.
6. Please remember, re-bills should not be submitted in situations where current claims are not paying correctly. Some examples of these include inaccurate co-pays and certain limit problems. If re-billed, the new claims will encounter the same issue(s).
7. The implementation of the void functionality may result in subsequent changes to the paid claims data relied upon in previously issued final audit cost settlements. Therefore, it may be necessary for the Office of Audit to reopen a previously issued final audit cost settlement report. Please refer to Appendix III for a more detailed explanation of cost-settled claims.

Providers will be able to view voided claims in the Claims Portal by filtering for "All Claims." A voided claim will be displayed as a status "73." The actual recoupment of the payment for that voided claim will be displayed as a status of "76."

We will begin to process the following system-initiated voids automatically after the voids functionality is implemented. Exact dates have not yet been determined. This system-initiated process will eliminate the need for providers to void these claims manually. Once these voids appear on an RA, providers can re-bill the claims to receive proper payment.



- Certain Nursing, Custodial Care and Residential (Provider Type 31) claims paid zero January 1, 2005 through July 31, 2007
- Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) claims paid zero January through June 2005
- Non-Hospital claims paid zero during July 2006
- Dental claims paid zero from January 2005 to August 24, 2007

The following state-initiated voids will also be processed post-implementation:










- Credit Balances from CDR Associates
- Medicare and Tri-Care Provider Billing Projects

As a reminder,

Providers WILL be able to . . .

-  Void a claim paid incorrectly and processed through to a Remittance Advice (RA Generated)
-  Re-bill a voided claim for claims that are currently paying correctly

Providers WILL NOT be able to . . .

-  . . . Void a DENIED claim document or claim line
-  . . . Void an ADJUSTMENT claim document or claim line
-  . . . Void a VOID claim document or claim line
-  . . . Void a mixed DENIED and PAID claim document (**must** VOID individual paid claim lines)
-  . . . Void a SUSPENDED claim
-  . . . Void a claim held in Edits Processing Failure
-  . . . Void a claim held in Fund Allocation Failure
-  . . . Resolve a current outstanding billing issue by voiding and re-billing
-  . . . Adjust a claim document or claim line (using Submission Reason/Frequency of 7)\

Please be sure to sign up for one of the provider training sessions listed in Appendix I.

If you have particular issues or situations for which you would like additional guidance, **please contact your Adjustment Unit Specialist: List updated October 25, 2007**

Who to Call for Claims Adjustments

Medical Support Specialists (formerly adjusters) are assigned by type of provider and the alphabet. Alphabet applies to the first line on the remittance statement.

Provider Type	First letter of provider name	Contact Person
Boarding home	A – E	Linda Harrington
	F – L	Shavon Smith
	M – Z	Nancy Haskell
Dentists	A – E	Debbie Ladd
	F – N	Jaime Hall
	O – Z	Kathy Collins
DMR Waiver	(all)	Shavon Smith
Home Health	A – E	Linda Harrington
	F – L	Shavon Smith
	M – Z	Nancy Haskell

Hospital	A – E	Linda Harrington
	F – L	Shavon Smith
	M – Z	Nancy Haskell
Maine Breast and Cervical Health Program (MBCHP)	(all)	Shirley Chadbourne
Nursing home	A – E	Linda Harrington
	F – L	Shavon Smith
	M – Z	Nancy Haskell
Providers billing on CMS 1500	A – E	Debbie Ladd
	F – N	Jaime Hall
	O – Z	Kathy Collins
Transportation	A – E	Debbie Ladd
	F – N	Jaime Hall
	O – Z	Kathy Collins

Contact person	Telephone	E-mail
Linda Harrington	287-1777	Linda.Harrington@maine.gov
Shavon Smith	287-6284	Shavon.Smith@maine.gov
Nancy Haskell	287-1779	Nancy.Haskell@maine.gov
Debbie Ladd	287-1780	Debbie.Ladd@maine.gov
Jaime Hall	287-1778	Jaime.Hall@maine.gov
Kathy Collins	287-3758	Kathy.Collins@maine.gov
Shirley Chadbourne	287-6285	Shirley.Chadbourne@maine.gov